



# Advancing Accessibility

Markham Stouffville Hospital's

Multi-Year Accessibility Plan

2013 to 2017



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## Executive Summary

Markham Stouffville Hospital's (MSH) ninth annual accessibility plan 2012/13 was the last single year plan developed in accordance with the Ontarians with Disability Act (ODA 2001) and the Accessibility for Ontarians with Disabilities Act (AODA 2005). Commencing in 2013 the requirement has now changed to prepare multi-year plans in five year periods. There will also be a biannual reporting requirement to the Province.

As stated in previous plans, the ODA was created with the purpose of improving opportunities for persons with disabilities, and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province.

Barriers are anything that prevents a person with a disability from fully participating in all aspects of society because of his/her disability. Barriers can be categorized as:

- Attitudinal
- Architectural/Physical
- Information and Communication
- Policies/Practices
- Technology

The AODA sets out clear goals and time frames to make Ontario accessible by 2025. This will be achieved by mandating the development, implementation and enforcement of accessibility standards.

The **Accessibility Standard for Customer Service** (Ontario Regulation 429/07) was the first standard to be released under the AODA. Staff, board appointed professional staff<sup>1</sup> and volunteers at MSH receive the required customer service training as part of their orientation and credentialing process. Beginning in 2013, the Customer Service training will be required on an annual basis, with a designated deadline to coincide with the hospital's annual occupational health and safety retraining.

The **Integrated Accessibility Standards Regulation (IASR)** (Ontario Regulation 191/11) became law on July 1, 2011. The original standards within the Regulation are:

- Information and Communications
- Employment
- Transportation

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<sup>1</sup> Physicians, dentists and midwives

As a large designated public sector organization, the Government of Ontario has established timelines to comply with the IASR which will be phased in between 2011 and 2025. Please refer to the summary chart below.

The **Design of Public Spaces in Built Environment Standards**, an amendment to the IASR, became law on January 1, 2013. The hospital's redevelopment team was made aware of this legislation and the hospital can anticipate their direction and recommendations as a result of this amendment. Specifically, these standards aim to remove and prevent barriers in public spaces. Included in the standards are requirements for: outdoor public-use eating areas, exterior paths of travel, service-related elements like service counters, fixed queuing guides and waiting areas.

Designated public sector organizations must apply the requirements to public spaces that are new or redeveloped on or after January 1, 2016. Contracts entered into by designated public sector organizations before December 31, 2012 are exempt.

Minor technical amendments were also made to the IASR, including clarification of some of the requirements and a schedule for filing of accessibility reports to the Province. Designated public sector organizations are now required to file an accessibility report every two years, rather than every year with the first report due by December 31, 2013.

In addition, it was announced in February 2013 that the Accessibility Directorate of Ontario (ADO) has been transferred from the Ministry of Community and Social Services to the Ministry of Economic Development, Trade and Employment. This transfer was noted as a natural next step in the evolution of Ontario's accessibility journey.

The IASR timelines for MSH are as follows:

Compliance Date	Summary of Requirements within the IASR
2012	<ul style="list-style-type: none"> <li>• Workplace Emergency Response Information (compliant with requirement)</li> </ul>
2013	<ul style="list-style-type: none"> <li>• Establishment of accessibility policies</li> <li>• Multi-year accessibility plan</li> <li>• Accessibility criteria with procurement or acquiring goods, services, facilities</li> <li>• Accessible features self-service kiosks</li> </ul>

Compliance Date	Summary of Requirements within the IASR
	<ul style="list-style-type: none"> <li>• Accessible formats for education and training materials upon request</li> <li>• Accessibility awareness training to educators</li> </ul>
2014	<ul style="list-style-type: none"> <li>• Biannual progress reporting to the Province</li> <li>• Training requirements on the IASR and Human Rights pertaining to persons with disabilities</li> <li>• Accessible feedback processes</li> <li>• New internet websites and web content on those sites must conform to WCAG 2.0 level A (excluding live captioning and audio description)</li> <li>• Pre- and post-employment and accommodation processes</li> </ul>
2015	<ul style="list-style-type: none"> <li>• Accessible formats and communication supports upon request</li> <li>• Accessible or conversion-ready versions of educational or training materials upon request</li> <li>• Libraries of educational/training institutions to have accessible or conversion ready format of print (digital or multimedia by 2020)</li> </ul>
2016	<ul style="list-style-type: none"> <li>• Biannual progress reporting to the Province</li> <li>• Design of Public Spaces in Built Environment Standards to address outdoor public –use eating areas, exterior paths of travel, service-related elements like service counters, fixed queuing guides and waiting areas</li> </ul>
2021	<ul style="list-style-type: none"> <li>• All internet websites and web content must conform with WCAG 2.0 level AA (excluding live captioning and audio description)</li> </ul>

Our first multi-year accessibility plan continues to build on previous plans with continued focus on identifying barriers, providing recommendations to remove barriers, organizational awareness and education and creating and monitoring initiatives to ensure compliance with the legislated requirements. The hospital will continue to address the standards and issues related to accessibility to improve accessibility for all who visit MSH.

# Advancing Accessibility

## Goals

Markham Stouffville Hospital's (MSH) accessibility planning goals continually identify, remove and prevent barriers for people with disabilities who visit, work in or use the hospital facilities, services and property. In addition, the Accessibility Advisory Committee (AAC) will bring forward information and make recommendations to ensure compliance with Accessibility Standards. The AAC further advances accessibility through education and training of staff, board appointed professional staff and volunteers to optimize access, care and service at MSH.

## Objectives

The objectives of this accessibility plan are to describe:

- Current processes by which MSH has and will continue to identify barriers
- Achievements by MSH to remove and prevent barriers in 2012
- The measures MSH will take during 2013-2017 to identify, remove and prevent barriers
- The measures MSH will take to ensure compliance with the ODA (2001) and AODA (2005) standards
- The process by which the MSH plan will be made available to the public

## Description of Markham Stouffville Hospital

Markham Stouffville Hospital is a progressive, two site, community hospital with leading diagnostic services and clinical programs in acute care medicine and surgery, addictions and mental health, and maternal and child health; all focused on the needs of our rapidly growing communities. Partnering with other specialist providers, the 438 physicians, 16 midwives and 1,900 staff of the hospital make it the centre of community health care for the residents of the City of Markham and Towns of Stouffville and Uxbridge—a population of over 350,000 people. Our community is one of the fastest growing in Ontario and also one of the most ethnically diverse municipalities in Canada.

Between our two sites we have 230 beds: 210 at our Markham site and 20 at our Uxbridge site. We have approximately 1,000 volunteers giving back to their community as well as a Community Living enclave of 11 individuals based at the Markham site.

Markham Stouffville Hospital completed Phase 1 of its multi-phase expansion project on March 10, 2013, when patients and services were successfully

moved into the hospital's expanded building. Extensive renovations will continue through the next phases of the project, with an expected completion in 2014.

Markham Stouffville Hospital's vision is ***Excellence... Your Expectation, Our Inspiration***. In addition, there are four belief statements which operationalize the vision statement:

- We Believe our role is to help you maximize your health
- We Believe we must deliver safe, high quality care
- We Believe we must invest in our people
- We Believe we must be accountable

## **The Accessibility Advisory Committee**

The membership of the committee represents a diverse cross-section of multidisciplinary staff from both inpatient and outpatient clinical areas as well as support services and community resources. There are both management and frontline staff represented, including members with physical disabilities. We are also fortunate to have a committee member who coordinates the Community Living York South partnership.

Many of our committee members have a professional or personal connection with supporting people with disabilities. These connections make our commitment even stronger for advocating for accessibility.

The committee reports to senior management through the vice president, quality, risk and organizational effectiveness. The Accessibility Advisory Committee has been charged with the following responsibilities:

- Ensure ongoing organizational commitment to and understanding of accessibility planning
- Develop accessibility plans
- Ensure each plan includes, but is not restricted to:
  - a review of recent initiatives and successes in identifying, removing and preventing barriers
  - the identification and prioritization of barriers to be addressed and processes to address interim deficiencies when identified
  - the solicitation of feedback from staff, physicians, volunteers and the community regarding priorities and strategies to address barrier removal and prevention
  - a process to review, monitor, and evaluate the plan

- Ensure ongoing organizational compliance with legislative requirements under Ontarians with Disability Act, 2001 (ODA) and the Accessibility for Ontarians with Disabilities Act, 2005 (AODA)
- Increase knowledge and awareness of accessibility among staff, , board appointed professional staff and volunteers as it relates to improving customer service, programs and clinical practice
- Increase integration of accessibility planning principles into existing processes and cycles
- Communicate the plan to staff, medical staff, dentists, volunteers, the public and all users of the hospital premises

***Members of the Accessibility Advisory Committee***

<b>Member</b>	<b>Department</b>
Barbara Cluett	Applications Consultant, Information Technology
Joey Crump	Social Worker
Curtis Geissberger	Therapeutic Recreation Specialist (TRS)
Melissa Grouios	Occupational Health Nurse, Occupational Health & Safety
Mary-Lou James	Director, Quality, Risk & Patient Relations
Melanie Kaplanis	Senior Public Relations Specialist
Gail Knaggs	Librarian
Karen McLeod	Clinical Manager, Inpatient Mental Health, BRIDGE, CTO, Crisis
Nancy Ogunniya-Clyke	Community Support Worker, Community Living York South
Maria Pavone	Director, Facilities and Support Services
Laura Ricketts	Manager, Patient Support and Ambulatory Care Services, Uxbridge Site
Magda Rigo	Director, Community Resources & Organization Development
Susan Sheffield	Director, Child Development Programs
Lucinda Soini	Volunteer
Joanne Stark	Human Resources Advisor, Human Resources

<b>Administrative Support</b>	<b>Department</b>
Nancy Kelusky	Administrative Assistant, Surgical Services

## **Hospital Commitment to Accessibility Planning**

Markham Stouffville Hospital is firmly committed to supporting the rights and dignity of all persons with disabilities by providing safe and equal access to our facilities, services and programs. We demonstrate organizational commitment to accessibility by complying with the Ontarians with Disabilities Act, 2001 and the Accessibility for Ontarians with Disabilities Act, 2005. Accessibility needs will be met in a respectful and timely manner, and we will continue to provide knowledge and awareness to advance accessibility throughout the organization.

## **Existing Processes for Identifying Barriers**

The committee continually advances accessibility through barrier identification at regular meetings to review and to monitor the status of new and ongoing initiatives.

In addition to the specific work of the committee, methods by which accessibility barriers may be identified and addressed on an ongoing basis are integrated into the daily operations of MSH. Below is a summary of these methods:

- Quality, risk and patient relations investigate and address patient, visitor and staff incidents as well as patient complaints related to risk and barrier issues.
- Patient feedback is obtained by random surveys being sent out to a selection of patients following discharge to assess their satisfaction with all of our services. As well, comment cards are available to all patients and visitors and include questions pertaining to accessibility.
- New Hire Health Assessments are conducted by occupational health and safety and are required for all staff. Employees are able to bring forward health issues requiring temporary or ongoing accommodation.
- Ergonomic assessments are available for all staff by contacting occupational health and Safety.
- Accessibility Advisory Committee updates are provided as a standing agenda item at the Operations and Practice Integration Committee (OPIC), the Interprofessional Practice Advisory Committee (IPPAC) and

human resources staff meetings which include occupational health and safety. The meetings provide an opportunity for feedback from the members.

- The Occupational Health & Safety Committee, including management and front line staff representation, meets regularly to identify and address staff related concerns which can include accessibility issues.
- The hospital ensures adherence to all current barrier free standards as per legislation, including ODA and AODA, for all construction and renovation projects.

The AAC will continue to consult and connect with organizations supporting individuals with disabilities as opportunities are presented.

## Barrier Prevention and Removal Achievements 2012

The following table highlights completed initiatives. In addition to the specific efforts of the AAC, program, service and facility improvements occurring as part of routine practice at MSH also benefit persons with disabilities.

Type of Barrier	Achievements	Site
<b>Information and Communication</b>	Maintained posters highlighting the availability of communication support devices (Pocket Talkers, etc.) in appropriate areas.	Both
	Distributed six additional Pocket Talkers from the Canadian Hearing Society and encouraged Managers to ensure staff is aware of these devices and locations as part of their departmental orientation.	Both
	Continued to review way-finding (signage) and make recommendations where appropriate.	Both
	Continued to utilize Connections newsletter to provide ongoing education. Articles from 2012 included: <ul style="list-style-type: none"> <li>• Working with patients with vision loss</li> <li>• Tips from CNIB Print Guidelines</li> <li>• Promotion for Access Awareness Day and acknowledgement of external participants.</li> <li>• Review of Pocket Talker locations</li> </ul>	Both

Type of Barrier	Achievements	Site
	Maintained distribution of MSH brochure "Welcoming Customers with Disabilities"	Both
	Created Disability Support Organization List available on AAC intranet page	Both
<b>Policies and Practices</b>	Individualized Workplace Emergency Response Plans are initiated by Occupational Health and Safety from the New Hire Health Assessment or Return to Work Process in conjunction with the employee's Manager or Director and Human Resources (AODA requirement)	Both
	Continued to monitor the online Customer Service Standard training for new staff. Training for physicians, dentists and midwives are managed through the annual credentialing process and volunteers are managed by Community Resources. (AODA requirement)	Both
	Completed mandatory accessibility awareness training for educators (AODA requirement)	Both
	Municipality Staff Reference Group (MSRG): Continued to build on the strong relationships and valuable networks established across sectors and municipalities. A representative from MSH AAC will continue to meet and share report and information with the MSRG (which includes accessibility professionals from York Region, York Regional Police, local municipalities, school boards and hospitals).	Both
<b>Architectural and Physical</b>	Ongoing redevelopment accessibility features in the construction and design of the new hospital building (Phase 1 move to Building B completed March 2013):	Markham

Type of Barrier	Achievements	Site
	<ul style="list-style-type: none"> <li>• Fire alarm strobe lights installed provide visual signal to indicate the fire alarm has been activated</li> <li>• Designated shaded areas for passenger drop off and pick up</li> <li>• Approximately 47 barrier-free parking spaces, with spaces in each public lot</li> <li>• Barrier-free, accessible entrances with automatic sliding doors</li> <li>• Intuitive way-finding including pictograms, Braille and tactile features</li> <li>• Handrails in all public and patient zone corridors</li> <li>• Barrier-free accessible hardware and accessories</li> <li>• Door operators where required</li> <li>• Accessible washrooms with blade handle or electronic sensor hands free faucets and wall-hung toilets</li> <li>• Accessible sections at all publicly accessed desks</li> <li>• Ceiling mounted patient lifts at all inpatient rooms (except Inpatient Mental Health)</li> <li>• Roll-in showers equipped with fold down seats, and accessible sinks in all inpatient rooms</li> <li>• Slip resistant flooring in new inpatient washrooms</li> </ul>	
	<p>Intersection improvements made at Church Street and Country Glen Road after consultation with the Town of Markham to fill in ground at the base with cement to provide a safe/accessible platform.</p>	Markham
	<p>Automatic accessible exterior and interior doors installed at the east entrance to 377 Church Street after recommendation by the AAC.</p>	Markham
	<p>Automatic accessible washroom doors installed on the 3<sup>rd</sup> floor of the Health Services Building. This recommendation was made with the volume of patients using</p>	Markham

Type of Barrier	Achievements	Site
	mobility devices from the Adult Diabetes Program. Property management will work towards having accessible washroom doors on each floor.	
	New signs placed to indicate the location of the automatic door opener buttons at main entrance of Building A.	Markham
<b>Attitudinal</b>	Celebrated Access Awareness Week 2012 with a focus on redevelopment and accessibility features with participation from service agencies, an equipment vendor and the Town of Markham.	Markham
<b>Technology</b>	Launched a new hospital website to greatly improve the user experience and conform to web accessibility (WCAG 2.0, Level A) requirements. The new site is easier to navigate and includes adaptable font sizes, descriptive text, enhanced article formats, and multimedia features.	Both

## Barriers That Will be Addressed in 2013 to 2017

Barriers that will be addressed in 2013 to 2017 are outlined in the table below. The objectives are corporate, and include both the Markham and Uxbridge sites, except where indicated.

**2013 to 2017 Multi-Year Accessibility Prevention and Removal Initiatives and Legislated Requirements**

<b>Objective</b>	<b>Means to Remove / Prevent Barriers</b>	<b>Barrier Type</b>	<b>Quarter</b>	<b>Responsibility</b>
<b>Continue to facilitate communication with persons with a variety of communication impairments</b>	Continue to build relationships with disability support organizations.	Communication	Ongoing	Committee
	Continue to provide ongoing awareness training to staff regarding use of communication assistive services/devices, i.e., pocket talkers, sign language interpreters, specialty call bells, how to use TTY, etc.	Informational	Ongoing	Committee and Communications Department
	Continue to develop process for patients to identify communication needs: at registration, scheduling processes and inpatient admissions	Policy/Practice Information and Communication	Ongoing	Committee with Nursing Practice Committee (NPC) & Interprofessional Practice Advisory Committee (IPPAC)
<b>Continue to facilitate way-finding</b>	Continue to evaluate and review way-finding signage and hospital maps as required.	Informational	Ongoing	Facilities

Objective	Means to Remove / Prevent Barriers	Barrier Type	Quarter	Responsibility
<b>Promote corporate awareness of accessibility including hospital achievements as well as resources</b>	Promote National Accessibility Awareness Week annually - (June 2-8, 2013)	Informational	Follow York Region's schedule each year	Committee Public Relations
	Promote International Day for Persons with Disabilities	Informational	Dec. 3	Committee Public Relations
	Enhance regular communication to staff, physicians and volunteers that utilizes a variety of mediums.	Informational	Ongoing	Committee
	Dedicate a minimum of six articles in Connections newsletter annually.	Attitudinal	Not Applicable / Ongoing	Committee and Public Relations
<b>Maintain advocacy relationship with redevelopment team to optimize accessibility features/principles in all new projects</b>	Continue to share the Accessibility Plan and any other pertinent documents with the redevelopment team.	Informational	Ongoing	Committee
<b>Promote corporate awareness of legislative requirements</b>	Review and update related policies to ensure compliance with the IASR	Policy/Practice	Ongoing	Committee

Objective	Means to Remove / Prevent Barriers	Barrier Type	Quarter	Responsibility
<b>Compliance with ODA Customer Service Standard, Regulation 429/07</b>	Continue to train all staff, physicians, midwives, dentists and volunteers on the required customer service training tool	Variety	Ongoing	Committee
<b>Compliance with the AODA</b>				
• Section 3	Review/update Accessibility Policies with how to achieve accessibility through meeting the regulated requirements		Jan. 2013	Committee
• Section 4	Create an Multi-year Accessibility Plan (2013-2017) outlining the strategies to prevent and remove barriers		Jan. 2013	Committee
• Section 5	Accessibility criteria and features required when procuring goods, services or facilities		Jan. 2013	Procurement Redevelopment
• Section 6	Accessibility features on Self-service Kiosks		Jan. 2013	Procurement Redevelopment
• Section 15	Educational and Training resources and materials must be provided in an accessible format upon request		Jan. 2013	Organizational Development
• Section 16	Accessibility awareness training to Educators(completed)		Jan.2013	Organizational Development
• Section 86.1	Biannual status report to the		Jan. 2014	Committee and

Objective	Means to Remove / Prevent Barriers	Barrier Type	Quarter	Responsibility
	Province commencing 2014			Administration
• Section 7	Training on the requirements of the IASR and Human Rights Code pertaining to persons with disabilities		Jan. 2014	Organizational Development
• Section 11	Processes for receiving and responding to feedback have accessible formats and communication supports		Jan. 2014	Quality, Risk and Patient Relations
• Section 14	Accessible websites and web content to conform with WCAG 2.0, Level A (completed)	Information and Communication	Jan. 2014	Public Relations
• Section 22	Notification to employees and public on availability of accommodation in recruitment process		Jan. 2014	Human Resources
• Section 23	Notification to job applicants selected for assessment or interview accommodations are available upon request		Jan. 2014	Human Resources
• Section 24	Notification during offer of employment on policies for accommodating employees with disabilities		Jan. 2014	Human Resources

Objective	Means to Remove / Prevent Barriers	Barrier Type	Quarter	Responsibility
• Section 25	Inform employees of policies that support employees with disabilities including job accommodations		Jan. 2014	Occupational Health & Safety
• Section 26	Accessible formats and communication supports for employees		Jan. 2014	Occupational Health & Safety
• Section 27	Workplace emergency response information process initiated January 2012 and process ongoing		Ongoing	Occupational Health & Safety
• Section 28	Documented individual accommodation plans		Jan. 2014	Occupational Health & Safety
• Section 29	Return to work Process		Jan. 2014	Occupational Health & Safety
• Section 30	Performance Management		Jan. 2014	Human Resources
• Section 31	Career Development and Advancement		Jan. 2014	Human Resources
• Section 32	Redeployment		Jan. 2014	Human Resources
• Section 14	Accessible websites and web content conform with WCAG 2.0, Level A (completed)		Jan. 2014	Public Relations
• Section 12	Accessible formats and communication supports available upon request		Jan. 2015	Public Relations
• Section 17	Producers of educational or		Jan. 2015	Organizational

Objective	Means to Remove / Prevent Barriers	Barrier Type	Quarter	Responsibility
	training materials shall upon request have accessible conversion-ready versions by 2015 and digital or multimedia by 2020			Development
<ul style="list-style-type: none"> <li>Section 18</li> </ul>	Libraries of educational and training institutions shall have accessible or conversion ready format of print, digital or multimedia (mm) resources or materials upon request		Print based Jan. 2015 Digital or mm Jan. 2020	Organizational Development
<ul style="list-style-type: none"> <li>Section 86.1</li> </ul>	Biannual status report to the Province		Jan. 2016	Committee and Administration
<ul style="list-style-type: none"> <li>Section 80</li> </ul>	Design of Public Spaces Standards <ul style="list-style-type: none"> <li>outdoor public use eating areas</li> <li>external paths of travel</li> <li>accessible parking</li> <li>obtaining services</li> </ul>		Jan. 2016	Procurement Redevelopment
<ul style="list-style-type: none"> <li>Section 14</li> </ul>	Accessible websites and web content conform with WCAG 2.0, Level AA (excluding Live captioning and audio description)		Jan. 2021	Public Relations

## Review and Monitoring Process

The AAC will review and monitor the status of the identified objectives outlined in this plan. A bi-annual report will be prepared and submitted to the Province and any other reporting that may be required.

## Communication of the Plan

This approved Multi-year Accessibility Plan will be communicated to staff, medical staff, dentists and volunteers, and the community through a variety of communication vehicles:

- Electronically via the intranet and the Markham Stouffville Hospital website: [www.msh.on.ca](http://www.msh.on.ca)
- Printed copies, including large print, will be made available through Markham Site Information Desk and the Uxbridge Site Administration Office.

**For further information regarding the Markham  
Stouffville Hospital Corporation Annual Accessibility  
Plan, or to obtain a printed (including large print)  
copy contact:**

**Markham Site: Public Relations**

Markham Stouffville Hospital – Markham Site  
381 Church Street, PO Box 1800  
Markham, Ontario L3P 7P3  
Voice: 905.472.7032  
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E-mail: [myhospital@msh.on.ca](mailto:myhospital@msh.on.ca)

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4 Campbell Drive  
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Website: [www.msh.on.ca](http://www.msh.on.ca)

## Appendix

### ***Definitions***

“accessible formats” may include, but are not limited to, large print, recorded audio and electronic formats, Braille and other formats usable by persons with disabilities

“barrier” means anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an information or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice

“career development and advancement” includes providing additional responsibilities within an employee’s current position and the movement of an employee from one job to another in an organization that may be higher in pay, provide greater responsibility or be at a higher level in the organization or any combination of them and, for both additional responsibilities and employee movement, is usually based on merit or seniority, or a combination of them

“communication supports” may include, but are not limited to, captioning, alternative and augmentative communication supports, plain language, sign language and other supports that facilitate effective communications;

“communications” means the interaction between two or more persons or entities, or any combination of them, where information is provided, sent or received

“conversion-ready” means an electronic or digital format that facilitates conversion into an accessible format

“designated public sector organization” means the Legislative Assembly and the offices of persons appointed on the address of the Assembly, every ministry of the Government of Ontario, every municipality and every person or organization listed in Schedule 1 or described in Schedule 2 to this Regulation [429/07]

“disability” means,

- a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes

mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,

- b) a condition of mental impairment or a developmental disability,
- c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- d) a mental disorder, or
- e) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997; (“handicap”)

“educators” means employees who are involved in program or course design, delivery and instruction, including staff of school boards

“extranet website” means a controlled extension of the intranet, or internal network of an organization to outside users over the Internet

“guide dog” under the Blind Persons’ Rights Act, which states that: a guide dog is a dog that has been trained as a guide for a blind person at one of the facilities listed in Ontario Regulation 58 under the Blind Persons’ Rights Act

“information” includes data, facts and knowledge that exists in any format, including text, audio, digital or images, and that conveys meaning

“internet website” means a collection of related web pages, images, videos or other digital assets that are addressed relative to a common Uniform Resource Identifier (URLI) and is accessible to the public

“intranet website” means an organization’s internal website that is used to privately and securely share any part of the organization’s information or operational systems within the organization and includes extranet websites

“kiosk” means an interactive electronic terminal, including point-of-sale devices, intended for public use that allows users to access one or more services or products or both

“medical aid” means an assistive device, including respirators and portable oxygen supplies

“mobility aid” means a device used to facilitate the transport, in a seated posture, of a person with a disability

“mobility assistive device” means a cane, walker or similar aid

“new internet website” means either a website with a new domain name or a website with an existing domain name undergoing a significant refresh

“new intranet website” means either an intranet website with a new domain name or an intranet website with an existing domain name undergoing a significant refresh

“performance management” means activities related to assessing and improving employee performance, productivity and effectiveness, with the goal of facilitating employee success

“provider of goods or services” means a person or organization to whom this Regulation [429/07] applies

“redeployment” means the reassignment of employees to other departments or jobs within the organization as an alternative to layoff, when a particular job or department has been eliminated by the organization

“regulations” means the regulations made under this Act, unless the context indicates or requires otherwise

“service animal” means an animal that is used by the person for readily apparent reasons relating to his or her disability, or the person has a letter from a physician or nurse verifying that the animal is required for reasons relating to his or her disability, or an identification card from the Ministry of the Attorney General

“support person” means, in relation to a person with a disability, another person who accompanies the person with a disability in order to help with communication, mobility, personal care or medical needs or with access to goods, services or facilities

“Web Content Accessibility Guidelines” means the World Wide Web Consortium Recommendation, dated December 2008, entitled “Web Content Accessibility Guidelines (WCAG) 2.0”

“web page” means a non-embedded resource obtained from a single Uniform Resource Identifier (URI) using Hypertext Transfer Protocol (HTTP) and any other resources that are used in the rendering or intended to be rendered together with it by a user agent

## **References:**

Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, Chapter 11

Accessibility for Ontarians with Disabilities Act, 2005, Ontario Regulation 191/11, Integrated Accessibility Standards

Ontarians with Disabilities Act, 2001, S.O. 2001, Chapter 32

## ***Statistics***

About 15.5% or 1.85 million people in Ontario have a disability – that's one in seven. That number is expected to grow significantly in the next 20 years as the population ages<sup>2</sup>. The proportion of seniors is also expected to rise to 23.4% by 2036<sup>3</sup>. The incidence of disability is higher for seniors than in the rest of the population. This will have an unprecedented effect on the way we work and live our lives. It will mean that many organizations will need to change the way they do business. They will need to recognize and accommodate these new realities in order to remain competitive. In short, we need to be prepared for a changing workforce and population in Ontario.

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<sup>2</sup> Participation and Activity Limitation Survey 2006, Statistics Canada

<sup>3</sup> Ontario Population Projections 2008-2036, Fall 2009 Ministry of Finance Report